

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS**

**IN RE: Heritage Southwest Medical Group,  
P.A.,**

**Case No.: 01-30212**

**Debtor (s)**

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§  
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§

**Chapter 7**

**FILED**

**FEB 28 2011**

**TAWANA C. MARSHALL, CLERK  
U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS**

**APPLICATION FOR PAYMENT OF DIVIDEND UNCLAIMED FUNDS**

Comes now the undersigned, to make application for an order directing payment of unclaimed funds now on deposit in the Treasury of the United States. Claimant is a  creditor  debtor (check one) in the above captioned bankruptcy case and on whose behalf these funds were deposited.

1.	<b>Name of Claimant (s)</b>	Walter J. Ambrose, M.D.
2.	<b>Name and Title of Authorizing Officer or Representative</b> (if claimant is an individual, skip to Question No. 3)	<NONE>
3.	<b>Current Mailing address</b>	C/O APL, Inc., 3855 S. Boulevard, #200, Edmond, OK 73013
4.	<b>Telephone Number</b>	(405) 340-4900
5.	<b>SS# (last 4 digits only) or EIN#</b>	xxx-xx-4233
6.	<b>Amount Being Claimed</b>	\$1,783.81

I, Greg Griffith, do hereby state under penalty of perjury that I am legally entitled to claim these funds for whom the unclaimed funds were deposited into the treasury in the above referenced bankruptcy case. I certify to the best of my knowledge that all information submitted in support of this claim is true and correct.

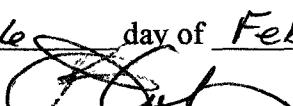
American Property Locators, Inc.  
Attorney In Fact

Date: 2/26/11

By:   
Claimant Signature

Co-Claimant Signature

Subscribed and Sworn to Before Me this 26 day of February, 2011.

  
Notary Public

In and for the State of OKLAHOMA

My commission expires April 27, 2011



## **CERTIFICATE OF SERVICE**

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required attachments was mailed to:

Office of the United States Attorney  
Attn: Unclaimed Funds  
1100 Commerce Street, 3rd Floor  
Dallas, TX 75242

Date: February 26, 2011



Claimant's Signature

**LIMITED POWER OF ATTORNEY  
LIMITED TO ONE TRANSACTION ONLY**

Walter J. Ambrose, M.D., ("Principal") executes this Limited Power of Attorney with the intention that the attorney-in-fact named below shall be able to act in his\her place for the purposes and duration set forth below.

Principal appoints Greg Griffith of American Property Locators, Inc., 3855 South Boulevard, Suite 200, Edmond, OK 73013 to be his\her attorney-in-fact to act for him\her in his\her name and place, and in any capacity that Principal might act,

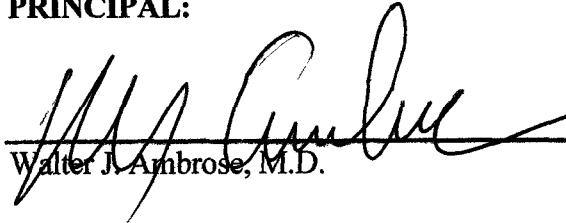
**Only to recover unclaimed funds arising from the bankruptcy of Heritage Southwest Medical Group, P.A., in the amount of \$1,783.81, that belong to the Principal and may be paid to the Principal after compliance with procedures of applicable laws (the "Unclaimed Funds").**

This Limited Power of Attorney shall become effective on the date written below, and shall remain effective, for one year from such date or until the Unclaimed Funds are claimed and remitted to Principal, whichever is sooner.

Principal's attorney-in-fact shall have all of the powers, discretions, elections, and authorities granted by law (including the endorsement of any instrument of payment on behalf of Principal) in connection with the claim, execution, acknowledgment, and delivery of any and all documents necessary or connected with claiming and recovering for Principal the Unclaimed Funds. Principal authorizes the use of a photocopy of this Limited Power of Attorney, for any purpose, in lieu of the original.

DATED this 17 day of Feb, 2011.

**PRINCIPAL:**

  
Walter J. Ambrose, M.D.

**PRINCIPAL'S ADDRESS:**

2303 Newforest Ct.  
Arlington, TX 76017  
(817) 465-3071  
SSN XXX-XX-4233

STATE OF Texas  
COUNTY OF Tarrant

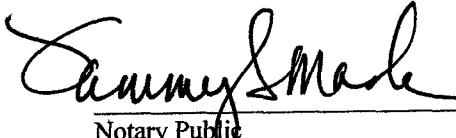
**ACKNOWLEDGMENT**

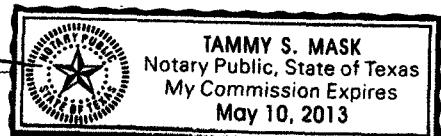
Before me a Notary Public, in and for said County and State on this 17th day of February, 2011 personally appeared Walter Ambrose personally known to me to be the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

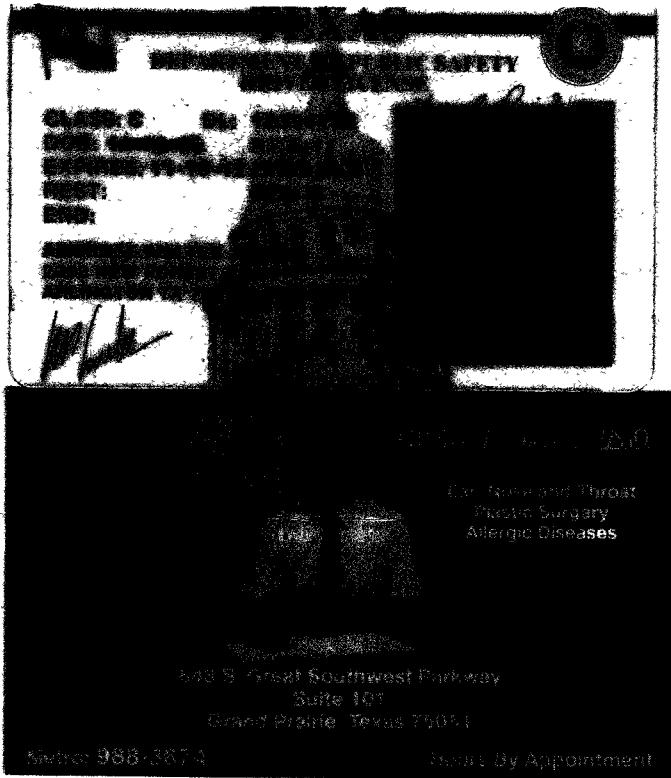
In Witness Whereof, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires:

5/10/2013

  
Notary Public





Mr. Cunffith,

My office was @ 643 S.Great Southwest Pkwy.  
I never lived there. Here is a copy  
of my drivers license and an old  
business card. I retired in 2002  
and haven't any documents from  
then remaining. I hope this  
suffices.

Sincerely,  
W.Cunningham